

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04230

1. Entity Name

LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

908 NE 24TH LN.
CAPE CORAL FL 33909
US

Mailing Address

%PROFESSIONAL YOURS INC
PO BOX 831
CAPE CORAL FL 33910-0700
US

2. Principal Place of Business

3. Mailing Address

PO BOX 100831

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

Zip

Country

Zip

33910

Country

U.S.A.

4. FEI Number

65-0136009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, BARBARA
PROFESSIONALLY YOURS INC.
1342 SE 46TH LN #3
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Delete
NAME MORTON, RAY
STREET ADDRESS 908 NE 24 LANE #6
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME TREBING, RALF
STREET ADDRESS 4537 DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME JUSTICE, FRANK
STREET ADDRESS 4306 SE 18 AVE
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DEAN, THOMAS
STREET ADDRESS 8999 HIGH COTTON LN.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D ☐ Change ☒ Addition
NAME JUSTICE, DOUGLAS
STREET ADDRESS 119 BAYSHORE DRIVE
CITY-ST-ZIP FT. MYERS, FL 33904

TITLE D ☒ Delete
NAME BUBAR, DENNIS
STREET ADDRESS 4600 CUMMINS CT.
CITY-ST-ZIP FORT MYERS FL 33905

TITLE D ☐ Change ☒ Addition
NAME BOLTON, PAT
STREET ADDRESS 1468 MARANATHA DRIVE
CITY-ST-ZIP N. FT MYERS, FL 33903

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dian Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90020 039 ****61.25



DO NOT WRITE IN THIS SPACE

CP2F037 (9/99)